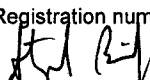


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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 594728821US
Application Number 10/045,601-Conf. #8571	Filed November 7, 2001	
For MULTISECTION MEMORY BANK SYSTEM		
Art Unit 2188	Examiner M. Chery	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60 \$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225 \$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510 \$ 1,020.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795 \$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080 \$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge the extension fee of <u>\$1,020.00</u> to EFT Account No. SEA1PIRM.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge additional fees that may be required, or credit overpayment, to Deposit Account Number <u>50-0665</u> .		
I am the <input type="checkbox"/>	applicant/inventor.	
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>38,829</u>	
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____	
 _____ Signature		July 12, 2007 _____ Date
Stephen Bishop _____ Typed or printed name		(650) 838-4300 _____ Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.		